

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

08

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		365524.77
(b) Cash on Hand at Beginning of Reporting Period	478470.58	
(c) Total Receipts (from Line 19)	19416.18	555744.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	497886.76	921269.59
7. Total Disbursements (from Line 31)	45289.26	468672.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	452597.50	452597.50
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 7D D
3 1Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9826.30	468516.30
(i) Itemized (use Schedule A)	8488.96	79821.25
(ii) Unitemized	18315.26	548337.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	18315.26	548337.55
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1100.92	7407.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19416.18	555744.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19416.18	555744.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	454000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	289.26	10744.09
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45289.26	468672.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	45289.26	468672.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18315.26	548337.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18315.26	548337.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City State Zip Code
 Atlanta GA 30306-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Baptist Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: 20711086

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Michael Aline

Mailing Address Jefferson Radiology Associates
 1111 Medical Center Blvd Ste 108

City State Zip Code
 Marrero LA 70072-3192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: 20711087

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR David Harry

Mailing Address 136 Highview Rd

City State Zip Code
 Stephenson VA 22656-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: 20711088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Kornick

Mailing Address 1954 Stockbridge Rd

City State Zip Code
Akron OH 44313-4539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: 20711089

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Alec Megibow

Mailing Address New York Univ Medical Center
530 1st Ave HCC 232

City State Zip Code
New York NY 10016-6481

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Univ Medical Cen-
ter

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: 20711153

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Ellen Wolf

Mailing Address Montefiore Hospital
111 E 210th St

City State Zip Code
Bronx NY 10467-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: 20711235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Karen Goodhope

Mailing Address 43 Aberdeen Pl

City State Zip Code
Saint Louis MO 63105-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20732348

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Jules Whiteman

Mailing Address 1317 Anthony Dr Apt B

City State Zip Code
Hays KS 67601-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinical Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20732349

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Bonna Rogers-Neufeld

Mailing Address 465 W Bluff Ave

City State Zip Code
Fresno CA 93711-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20732350

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR John Cassese

Mailing Address 200 Boulder Way

City State Zip Code
East Greenwich RI 02818-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

Transaction ID: 20734293

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
DR James Courtney

Mailing Address 27 Hillwood Rd

City State Zip Code
Mobile AL 36608-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
MobileOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

Transaction ID: 20734294

Amount of Each Receipt this Period

91.25

C. Full Name (Last, First, Middle Initial)
DR Carl D'Orsi

Mailing Address Emory University Hospital
1701 Uppergate Dr 1st Fl C1104

City State Zip Code
Atlanta GA 30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

Transaction ID: 20734295

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

257.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jess Powell, III

Mailing Address 1304 Vista Dr

City State Zip Code
 Shelby NC 28150-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734296

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

DR Michael DeVenny

Mailing Address 3090 Yorktown Dr

City State Zip Code
 Tuscaloosa AL 35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734297

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Bill Warren

Mailing Address UWMC
 Box 357115

City State Zip Code
 Seattle WA 98195-7115

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734298

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Douglas Wester, JR

Mailing Address 2405 Covemont Dr SE

City State Zip Code
Huntsville AL 35801-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Huntsville

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734402

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City State Zip Code
Greenville SC 29607-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734503

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City State Zip Code
Cleveland OH 44195-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734504

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Murray Becker

Mailing Address 56 Independence Dr

City State Zip Code
East Brunswick NJ 08816-3286

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia-Presbyterian Med
CtrOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	7

Transaction ID: 20734505

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
DR Andrew Beloni

Mailing Address 5624 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	7

Transaction ID: 20734506

Amount of Each Receipt this Period

45.00

C. Full Name (Last, First, Middle Initial)
DR David Buck

Mailing Address 144 Penhurst Dr

City State Zip Code
Pittsburgh PA 15235-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
esOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	7

Transaction ID: 20734507

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

105.42

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR David Marcantonio		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address William Beaumont Hosp 3601 W 13 Mile Rd		Transaction ID: 20734509	
City State Zip Code Royal Oak MI 48073-6769		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Georgia West Imaging Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	
B. Full Name (Last, First, Middle Initial) DR Gary Geil		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address Heritage Medical Bldg 1100 N Tustin Ave		Transaction ID: 20734510	
City State Zip Code Santa Ana CA 92705-3509		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-employed Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
C. Full Name (Last, First, Middle Initial) DR Stephen Agatston		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address 3206 Saint Johns Dr		Transaction ID: 20734511	
City State Zip Code Dallas TX 75205-2919		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-employed Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Kent Lancaster		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address Radiology Associates of Berrien 416 State St Ste A		Transaction ID: 20734512	
City State Zip Code Saint Joseph MI 49085-1250		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Berrie		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	
B. Full Name (Last, First, Middle Initial) DR Lonnie Simmons		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address Gundersen Lutheran Clinic 1900 South Ave		Transaction ID: 20734513	
City State Zip Code La Crosse WI 54601-5494		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Gundersen Lutheran Clinic		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.69	
C. Full Name (Last, First, Middle Initial) DR Terry Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address Rad Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 20734516	
City State Zip Code Birmingham AL 35216-2152		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Rad Assoc of Birmingham PC		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)

183.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code
 Greenville NC 27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734517

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code
 Greenville NC 27858-8441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734520

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
 Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734528

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Tripp

Mailing Address 751 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734529

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Douglas Shusterman

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734530

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734532

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Mewborne

Mailing Address 1702 S Thames Ct

City State Zip Code
 Greenville NC 27858-8130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734534

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR James Eisenberg

Mailing Address The Defiance Clinic
 1400 E 2nd St

City State Zip Code
 Defiance OH 43512-2494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defiance Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734537

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Ira Adler

Mailing Address 1811 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734538

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
 Lincoln MA 01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734541

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. DR Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code
 Bellaire TX 77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734542

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. DR Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
 Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734543

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR H E. Longmaid, III

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

293.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734544

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City

Birmingham

State

AL

Zip Code

35242-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734545

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. DR Steven Leibel

Mailing Address 19 Woodleaf Ave

City

Redwood City

State

CA

Zip Code

94061-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford University

Occupation

Radiation Oncologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734549

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City State Zip Code
Warren MI 48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734550

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR John D. Howard

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734551

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code
Charlotte NC 28277-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734559

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
 Charlotte NC 28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734560

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 20734561

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR William Jones

Mailing Address 9477 E Shangri LA Rd

City State Zip Code
 Scottsdale AZ 85260-6143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 20739641

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Daniel Maki

Mailing Address 19621 N 96th Pl

City State Zip Code
 Scottsdale AZ 85255-6668

FEC ID number of contributing federal political committee.

C

Name of Employer
Southwest Diagnostic ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 20739642

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)

DR Mark Keiper

Mailing Address Scottsdale Medical Imaging
3501 N Scottsdale Rd Ste 130

City State Zip Code
 Scottsdale AZ 85251-5649

FEC ID number of contributing federal political committee.

C

Name of Employer
Southwest Diagnostic ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 20739643

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)

DR Terry Reeves

Mailing Address 10537 E Sunnyside Dr

City State Zip Code
 Scottsdale AZ 85259-2917

FEC ID number of contributing federal political committee.

C

Name of Employer
Scottsdale Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 20739644

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Mark Kuo
 Mailing Address 13026 E Turquoise Ave

City State Zip Code
 Scottsdale AZ 85259-5341

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Scottsdale Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 20739645

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
 DR William Horsley
 Mailing Address Scottsdale Medical Imaging Ltd
 3501 N Scottsdale Rd Ste 130

City State Zip Code
 Scottsdale AZ 85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Scottsdale Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 20739647

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
 DR Rodney Owen
 Mailing Address 9122 N 60th St

City State Zip Code
 Paradise Valley AZ 85253-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Scottsdale Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 20739648

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2007

Transaction ID: 20739649

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2007

Transaction ID: 20739650

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2007

Transaction ID: 20739651

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Bools

Mailing Address Catawba Radiological Assoc
18 13th Ave NE

City State Zip Code
Hickory NC 28601-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.67

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 20899355

Amount of Each Receipt this Period

141.67

B. Full Name (Last, First, Middle Initial)

DR William Herrington

Mailing Address 1110 Laurel PI

City State Zip Code
Athens GA 30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901093

Amount of Each Receipt this Period

625.00

C. Full Name (Last, First, Middle Initial)

DR Timothy Crummy

Mailing Address 2517 Middleton Beach Rd

City State Zip Code
Middleton WI 53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901094

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

857.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Robinson

Mailing Address Radia
728 134th St SW Ste 120

City State Zip Code
Everett WA 98204-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901095

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. DR William Powlis

Mailing Address Crozer Chester Medical Center
1 Medical Center Blvd

City State Zip Code
Upland PA 19013-3995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology Ltd.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901096

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR J Keith Thompson

Mailing Address 10333 Buckwood Ln

City State Zip Code
Mechanicsville VA 23116-4846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Richmond Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901097

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Curtis Poor

Mailing Address 2415 Eagle Cir

City	State	Zip Code
Bettendorf	IA	52722-6202

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Group PC SCOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 20901098

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Judy Greene

Mailing Address 7104 Hunters Crk

City	State	Zip Code
Dayton	OH	45459-3466

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kettering Network Radiolo-
gistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 20901099

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

DR Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City	State	Zip Code
Pittsburgh	PA	15206-3780

FEC ID number of contributing
federal political committee.**C**Name of Employer
Weinstein Imaging Associa-
tesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 20901334

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

541.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code
 Williamsville NY 14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901335

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

DR Michael Brannon

Mailing Address 7 Foxglove Ct

City State Zip Code
 Greenville SC 29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901337

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901338

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Bruce Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code
 Greenville NC 27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901339

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Kerry Chandler

Mailing Address 4100 Mullcroft PI

City State Zip Code
 Fuquay Varina NC 27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901340

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

DR Carl Eisenberg

Mailing Address Charlotte Radiology
 PO Box 36937

City State Zip Code
 Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901341

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR James Hiken
 Mailing Address 7109 Cove Pointe Pl

City State Zip Code
 Prospect KY 40059-9680

FEC ID number of contributing federal political committee.

C

Name of Employer
 Diag. Imaging Alliance of
 LouisvilleOccupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901342

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
 DR Edward Sullivan, III
 Mailing Address Radiology Assoc of Birmingham
 2090 Columbiana Rd Ste 4400

City State Zip Code
 Birmingham AL 35216-2153

FEC ID number of contributing federal political committee.

C

Name of Employer
 Radiology Associates of
 BirminghamOccupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901343

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 DR Stuart Moses

Mailing Address 14 Timber Dr

City State Zip Code
 North Caldwell NJ 07006-4406

FEC ID number of contributing federal political committee.

C

Name of Employer
 Self-employedOccupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901347

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gustavo Villarreal, JR

Mailing Address 261 Stone Creek Cir

City

Mc Gregor

State

TX

Zip Code

76657-3943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waco Radiological Clinic
PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901348

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR Robert Newman

Mailing Address 913 Southview PI NE

City

Lenoir

State

NC

Zip Code

28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901349

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901350

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

122.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Richard Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code
 Charlotte NC 28277-4546

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901351

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
 DR Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
 Charlotte NC 28226-5610

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901367

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
 Alexandria LA 71301-3606

FEC ID number of contributing federal political committee.

C

Name of Employer
Central LA Imaging Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901369

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

163.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Varian C. Scott, III		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7	
Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 20901370	
City Birmingham State AL Zip Code 35216-2152		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Assoc of Birmingham Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	
B. Full Name (Last, First, Middle Initial) DR Arthur Sandy		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7	
Mailing Address 2821 Argyle Rd		Transaction ID: 20901371	
City Birmingham State AL Zip Code 35213-3403		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.00	
C. Full Name (Last, First, Middle Initial) DR Jeffrey Magnuson		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7	
Mailing Address 3493 Siems Ct		Transaction ID: 20901372	
City Arden Hills State MN Zip Code 55112-3639		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Paul Radiology, P.A. Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901373

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Gerald Dodd, III

Mailing Address Univ of Texas Hlth Sci Ctr
7703 Floyd Curl Dr

City State Zip Code
San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Texas Hlth Sci Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901374

Amount of Each Receipt this Period

83.34

C. Full Name (Last, First, Middle Initial)

DR Christopher Ullrich

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901375

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

165.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR William Way, JR

Mailing Address 7713 Oakmont Pl

City State Zip Code
 Raleigh NC 27615-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901384

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Fred Lassiter

Mailing Address Charlotte Radiology
 PO Box 36937

City State Zip Code
 Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901385

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Daniel Schwarz

Mailing Address Charlotte Radiology
 PO Box 36937

City State Zip Code
 Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901386

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

124.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code
 Charlotte NC 28211-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901388

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Jugesh Cheema

Mailing Address 4333 Bell Rd Unit 1514

City State Zip Code
 Newburgh IN 47630-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Delaware

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901389

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Susan Mulligan

Mailing Address 1088 Lullwater Rd NE

City State Zip Code
 Atlanta GA 30307-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901390

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Roger Thomas

Mailing Address 1636 Anita Ln

City State Zip Code
 Newport Beach CA 92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901391

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR John Rogers

Mailing Address 802 West Gap Creek Road

City State Zip Code
 Greer SC 29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901395

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR William Ketcham, II

Mailing Address 8824 Wildflower Dr

City State Zip Code
 Cheyenne WY 82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901396

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

124.00

TOTAL This Period (last page this line number only)

9826.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 50

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

7407.27

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: 21230218

Amount of Each Receipt this Period

1100.92

Interest

SUBTOTAL of Receipts This Page (optional)

1100.92

TOTAL This Period (last page this line number only)

1100.92

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joseph Crowley

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 20711374

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Phil English

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 20579120

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hulshof For Congress - District 09 Missouri

Mailing Address PO Box 1621

City Columbia State MO Zip Code 65205

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Kenny C. Hulshof

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 9

Transaction ID: 20575392

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Candidate Name
Mr. F Allen Boyd

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 20587384

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

Candidate Name
Rep. Marsha Blackburn

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 7

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 20711436

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement

Candidate Name
Rep. John S. Tanner

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 8

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 20580134

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Whitehead For Congress

Mailing Address PO Box 619

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. James Whitehead

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☐ General
☒ Other (specify) ▼

State: GA

District: 10

2007 Run-Off Electio

Transaction ID: 20575696

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Hall For Congress

Mailing Address PO Box 469

City
Beacon

State
NY

Zip Code
12508

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Hall

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 19

Transaction ID: 20587251

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kagen 4 Congress

Mailing Address 100 W. College Ave.
50 D

City
Appleton

State
WI

Zip Code
54911

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Kagen

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 8

Transaction ID: 20587253

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress 2006

Mailing Address 5915 Eastman Ave. Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement

Candidate Name
Rep. David Lee Camp

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 20711376

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City State Zip Code
St Paul MN 55128

Purpose of Disbursement

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 20711410

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City State Zip Code
Houston TX 77222

Purpose of Disbursement

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 29

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 20711365

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Boren for Congress

Mailing Address PO Box 1924

City
Muskogee

State
OK

Zip Code
74401

Purpose of Disbursement

011

Category/
Type

Candidate Name
David Boren

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 2

Transaction ID: 20711361

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Harvest Pac

Mailing Address 236 Massachusetts Avenue NE #508

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20711384

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address 610 S Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Gus Bilirakis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 9

Transaction ID: 20711452

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Mchenry For Congress

Mailing Address PO Box 1406

City
Hickory

State
NC

Zip Code
28601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick McHenry

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 10

Transaction ID: 20733848

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 3

Transaction ID: 20726093

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone, Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 6

Transaction ID: 20734584

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Melissa Bean

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: 20711443

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rehberg For Congress

Mailing Address P.O. Box 1597

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Dennis Rehberg

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 20711369

Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tuesday Group PAC

Mailing Address PO BOX 40385

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Void - Tuesday Group PAC - Campaign Lost

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20838125

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Tuesday Group PAC -
Campaign Lost Check

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20579129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Lot Of People For Dave Obey

Mailing Address 525 Washington St
PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement

Candidate Name
Rep. David R. Obey

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 7

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20711418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement

Candidate Name
Rep. Jim M. Ramstad

Office Sought: ☒ House
☐ Senate
☐ President

State: MN District: 3

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20748998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City
Unionville

State
PA

Zip Code
19375

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Joseph R. Pitts

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 20711397

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City
San Antonio

State
TX

Zip Code
78212

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Charles A. Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 20748999

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tuesday Group PAC

Mailing Address PO BOX 40385

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20838126

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends of Senator Rockefeller

Mailing Address PO Box 1909

City
CharlestonState
WVZip Code
25327

Purpose of Disbursement

Candidate Name
Jay RockefellerOffice Sought: ☐ House
☒ Senate
☐ President

State: WV District: 2

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 20573999

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	7	

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Volunteers For ShimkusMailing Address P.O. Box 5458
PO Box 5458City
SpringfieldState
ILZip Code
62705

Purpose of Disbursement

Candidate Name
Rep. John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ President

State: IL District: 19

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20711422

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	7	

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City
FremontState
CAZip Code
94537

Purpose of Disbursement

Candidate Name
Rep. Fortney Peter StarkOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20861655

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	7	

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Fortney Peter Stark

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 20861656

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '08

Mailing Address PO Box 1496

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Mitch McConnell

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 20711423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

45000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21230221

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

289.26

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

289.26

TOTAL This Period (last page this line number only)

289.26